



Manual Handling Policy

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Initiated by	Date	Author (s)
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Document Reference	NHSLA Standards; 1.2.9, 1.3.4 Manual Handling Operations Regulations 1992 as amended Relevant Trust objective; Health and Safety Directorate: Clinical Quality
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Equality Impact Assessment	Completed
Linked procedural documents	Health and Safety Policy Health and Safety Strategy
Dissemination requirements	All staff via email, intranet and through Line Managers for staff who do not have access to IT
Document Control	This policy will be held on a central database and controlled and archived through the Governance Compliance Unit

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination based on spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, nonexecutive directors, employees (whether permanent, fixed term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats

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1. Introduction

Manual Handling one of the major causes of injury to Employees in the at East of England Ambulance Trust. It is the responsibility of the Trust to ensure so far as is reasonably practicable that all manual handling is kept to a minimum, thereby reducing incidents to our staff, and reducing sickness absence.

The main function of the organisation is the care and transportation of patients and involves other tasks that require moving or handling. The Trust provides the public with an appropriate level of service while balancing its responsibilities under the Health and Safety at Work etc., Act 1974.

The Manual Handling Operations Regulations 1992 (MHOR) lays down duties on employers in so far as is reasonably practicable to avoid the need for its employees to undertake any manual handling operations at work which involve a risk of them being injured. When this is not possible, the employer should make a suitable and sufficient assessment of all such operations which cannot be avoided and should all take the necessary steps to reduce the risk of injury during those operations to the lowest level reasonably practicable. Manual Handling applies to a wide range of manual handling activities, including lifting, lowering, pushing, pulling, or carrying.

2. Purpose

The purpose of this policy is to set out how the East of England Ambulance Service NHS Trust will minimise manual handling operations and ensure a structured approach to moving and handling, in line with the Trust's Safety Enabling Strategy, the Health & Safety Policy and the relevant statutory provisions. The definition of staff and employees used within this document includes both contractors and volunteers working on behalf of the Trust.

The Trust recognises that manual handling could be a contributory cause of musculoskeletal injuries to staff.

3. Duties

3.1 General

The Chief Executive and the Trust Board is responsible for ensuring the Health, Safety and Welfare of its staff. The Board will provide sufficient resources for this purpose.

The Trust has a designated Director who is responsible for keeping the provisions within this policy in line with employment legislation, best practice people management principles and NHS guidelines. This is the responsibility of **The Director of Corporate Affairs and Performance**

The Health, Safety & Security Team can provide guidance on matters relating to Manual Handling.

If specialist advice (such as Ergonomists) is required, the Trust will provide access to these resources.

Managers, HR staff and Trade Union Representatives are responsible for providing guidance to employees on the application of this policy.

The Director of Corporate Affairs and Performance is responsible for the provision of training for moving and handling to all staff via.

- The Health, Safety & Security Team along with the Organisational Development Team are responsible for identifying training needs for all staff through a training needs analysis (TNA).
- It is the responsibility of the Health, Safety & Security Team to ensure the TNA and contents remain current and fit for purpose.
- The appropriate commissioning of training and development will be done in consultation with the Organisational Development Team.

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Managers are responsible for ensuring staff receive appropriate information, instruction, training, and supervision. **Managers** are to ensure that they are compliant with Manual Handling Regulations. The Medical Devices Safety and Management Group and the Vehicle Working Group will investigate and recommend appropriate equipment for moving and handling.

All incidents will be investigated by an appropriately trained, identified manager as per the Incident Management Policy.

3.2 Employees

Staff are to ensure that they are aware of best practice and follow operating procedures.

The Management of Health and Safety at Work Regulations 1999 and the Health and Safety at Work etc., Act 1974, require employees to make use of appropriate equipment provided for them, in accordance with their training and the instructions provided by the Trust.

The Manual Handling Operations Regulations requires employees to follow appropriate systems of work laid down by their employer to promote safety during moving and handling activity, such as using a tracked chair when appropriate and providing close supervision or monitoring during patient transfers. These provisions do not preclude well-intentioned improvisation (which should be risk assessed) in an emergency, for example during efforts to rescue a casualty.

Staff are responsible for maintaining sufficient fitness for their individual duties. They must report any condition or injury they have, which may increase the risk of incurring further injury during moving or handling to their Line Manager, who will seek the appropriate advice from Occupational Health prior to action being taken.

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In accordance with the Manual Handling Operations Regulations and the Trust's Maternity Leave Policy, anyone whose job involves moving or handling must inform their line manager as soon as they are aware of their pregnancy, so that a specific risk assessment can be undertaken, and appropriate risk controls put in place.

All staff are encouraged to offer suggestions to improve Manual Handling practice.

Staff are responsible for ensuring that all manual handling equipment is checked daily using the appropriate daily vehicle inspection form.

Staff are to identify and report defective manual handling equipment in accordance with Trust process.

Staff are responsible for reporting any moving and handling incidents or injuries on DATIX so that it can be investigated by their line manager. Any absences as a result of Manual Handling incidents should be reported immediately as per the sickness absence policy

3.3 Risk Assessments

The generic risk assessments and static risk assessments cannot cover all situations encountered in the working environment. It is imperative therefore that staff undertake dynamic manual handling risk assessments prior to any moving or handling.

The risk assessments will be reviewed every year and/or if the nature of the work changes and/or if developments suggest that the assessment is no longer valid (for example, following an incident investigation). This will then be monitored by the Health, Safety & Wellbeing Group.

If the Trust is unable to provide the controls identified as necessary in the risk assessment, then the Trust will plan with a third party to provide the necessary manual handling capability.

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Where the risk assessment identifies that additional resources are required for the safe movement of the patient, staff should contact their Emergency Operations Centre for assistance.

Manual Handling best practice or techniques will be communicated to staff.

Actions plans to arise out of local risk assessments will be monitored by Management.

Referrals will be made to Occupational Health by the Managers for staff who are unable to perform manual handling tasks.

3.4 Items of Equipment

Staff are to use the manual handling equipment provided by the Trust if the risk assessment identifies manual handling equipment should be used, there are several pieces of equipment to reduce the risks associated with manual handling for use within the Trust e.g., longboard, Mangar Elk, carry chair, manual handling kits, orthopaedic stretcher, roll cages, sack barrows etc. ***This is not an exhaustive list.***

The Clinical Devices and the Medical Devices Group will evaluate a variety of patient manual handling aids for their suitability.

New items of equipment will only be introduced after the following have been carried out:

- Risk assessment produced (PUWER, LOLER and operational)
- Safe working procedure written
- Staff have received appropriate training
- An appropriate trial has been undertaken with full evaluation reports being made available.

4.0 Training

Staff will be provided with up-to-date training in moving

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and handling, which includes the agreed techniques for the use of Manual Handling equipment, posture, body mechanics, risk assessments, the causes and prevention of musculoskeletal injury. Such training is mandatory on commencement of employment for all staff, contactors, and volunteers.

Moving and handling training has been designed to ensure that staff are able to dynamically assess risk and adopt the most appropriate moving and handling techniques. The risk assessment should take account of TILE (Task, Individual, Load and Environment (Appendix A.) Following the risk assessment, staff will use the correct type of equipment and adopt the system of work that reduces the risk of injury in line with training received.

5.0 Monitoring

All incidents relating to Manual Handling will be reported on the DATIX risk management system. All manual handling incidents will be investigated by an appropriately trained Manager to ascertain the root cause of the incident (see also 4.1.7). Where additional controls are identified, action plans will be devised, implemented, and monitored at a local level and by the Health & Safety Reps.

All reportable incidents, including manual handling will be monitored on a bi-monthly basis through the Health, Safety and Wellbeing Group, notes of which will be submitted to the Compliance and Risk group to enable independent monitoring and to provide Board assurance.

Proactive monitoring will also be undertaken by managers during staff assessments. These completed assessments will be monitored by an appropriately nominated manager.

6.0 Review

This Policy will be reviewed every three years by the Health,

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Safety and Wellbeing Group or earlier if prompted by
changes in legislation or organisational restructure.

7.0 References

Health and Safety at Work etc., Act 1974

Manual Handling Operations Regulations 1992 (as amended)

Management of Health and Safety at Work Regulations 1999

Health and Safety (Consultation with Employees)
Regulations 1996.

Safety Representatives and Safety Committees
Regulations (SRSCR) 1977.

NHS Employers Workplace Health and Safety Standards
2013

EEAST - Core Mandatory training

Appendix 1: Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Training compliance	Training Team.	Mandatory training reports.	Monthly	Training returns recorded on training database	Data reported to all Managers monthly from training database.	Managers	Where changes are required, they will be communicated to all staff using the Trust communication systems.
Incident	Safety Team	Analysis on reported incidents including equipment issues, staff sickness and RIDDOR reporting.	Daily/ weekly/ and bi-monthly reports	Dashboard identification of trends and themes	Daily – Delivery Team Weekly – ELT & commissioners if RIDDOR reported Bi-Monthly – HSS & W; QGC, Workforce committee.	Managers	Lessons Learned will be included in Safety Bulletins subsequent to incidents

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What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Risk Assessments and Action Plans	Equipment / premises manager	The Trust has an agreed risk Pro forma which is used.	Risk assessments checked as part of premises H & S audit.	Audit reports risk register	As completed	Health Safety, Security and Well Being Group. Workforce Committee	Local feedback. Safety Update

Appendix 2 - Equality Impact Assessment Summary

EIA Cover Sheet		
Name of process/policy	Manual Handling Policy	
Is the process new or existing? If existing, state policy reference number	Existing policy – Reference number – POL028	
Person responsible for process/policy	Health and Safety Lead Director of Nursing, Clinical Quality and Improvement	
Directorate and department/section	Clinical Quality	
Name of assessment lead or EIA assessment team members	Health and Safety Lead	
Has consultation taken place? Was consultation internal or external? (Please state below):	<p>Internal – The policy was submitted to the Health, Safety and Wellbeing (HSW) group for approval. The HSW group is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.</p> <p>The minutes of the policy will also be available on the intranet for staff to view</p>	
The assessment is being made on:		
Please tick whether the area being assessed is new or existing.	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	

	Other (please state) Training programme.

Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this policy is to reduce so far as is reasonably practicable incidents of manual handling in the Trust. It is likely that the reduction in manual handling incidents will lead to decreased injuries to staff and provide them with a safer working environment.

The policy will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate "Due Regard" in all aspects of our business

Who does the policy/procedure/practice/event impact on?

Gender	Disability
Age	Pregnancy/maternity

Who is responsible for monitoring the policy/procedure/practice/event? Director – Nursing, Clinical Quality and Improvement			
What information is currently available on the impact of this policy/procedure/practice/event? The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was reviewed and approved by the Health, Safety and Wellbeing group (the group is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.).			
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No. I will review the contents of the policy and its impact with the EDI Team. I will review the policy with external parties and the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.			
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes			
Race	<input checked="" type="checkbox"/>	Religion/belief	<input checked="" type="checkbox"/>
		Marriage/Civil Partnership	<input checked="" type="checkbox"/>
Gender	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>
		Sexual orientation	<input checked="" type="checkbox"/>
Age	<input checked="" type="checkbox"/>	Gender re-assignment	<input checked="" type="checkbox"/>
		Pregnancy/maternity	<input checked="" type="checkbox"/>
Please provide evidence: The policy aims to reduce as far as reasonably practicable, incidents of manual handling in the Trust. The reduction of manual handling incidents will lead to a safer working environment for staff. Currently, there is no evidence that the policy will have a negative impact. The policy will be reviewed on a regular basis to minimise the risk of any negative impact.			

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? **No**

Race	Religion/belief	Marriage/Civil Partnership
Gender	Disability	Sexual orientation
Age	Gender re-assignment	Pregnancy/maternity

Please provide evidence:

No. The policy is aimed to protect staff regardless of the characteristics mentioned above.

Action Plan/Plans - SMART

Specific
Measurable
Achievable
Relevant
Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who - Health and Safety Lead
How - Regular review of the policy
By – Every two years (earlier, if required)
Reported to – Director – Nursing, Clinical Quality and Improvement